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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)	<u></u>		
Case number (if known)	Chapter you are filing under:		
	✓ Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is an
	Chapter 13		amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full name	Bernadine	
	First name	First name
Write the name that is on your government-issued		
picture identification (for	Middle name	Middle name
example, your driver's license or passport	Fox	
licerise or passport	Last name	Last name
Bring your picture	Coeffice (Con In III III)	Cuffix (Cr. la II III)
identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All alla a a a a a a a a a a a a a a a a		
All other names you have used in the last	First name	First name
8 years		
•	Middle name	Middle name
Include your married or maiden names.		
	Last name	Last name
	<del></del>	
	First name	First name
	Middle name	Middle name
	Middle Harrie	Middle Harrie
	Last name	Last name
. Only the last 4 digits		NOW NO.
of your Social	XXX - XX- 7288	XXX - XX-
Security number or federal Individual	OR	OR
Taxpayer	9 xx - xx-	9 xx - xx-
Identification number		<u> </u>

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D	ebtor 1 Bernadine First Name	Middle Name Last Name	Case number (if known)
	i ii st ivaine	Wildlie Name Last Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
Identification Numbers (EIN) you have used in the last		Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		8041 S Luella Ave Number Street	Number Street
		Chicago Illinois 60617	
		City State Zip Code	City State Zip Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		City State Zip Code	City State Zip Code
6.	Why you are choosing this district	Check one:  Over the last 180 days before filing this petition, I have	Check one:  Over the last 180 days before filing this petition, I have
	to file for bankruptcy	lived in this district longer than in any other district.	lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)
		-	

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De	ebtor 1 Bernadine			Case number (if kno	wn)
	First Name	Middle Name	Last Name		
Pa	rt 2: Tell the Court Abo	out Your Bankruptcy Case			
7.	The chapter of the Bankruptcy Code you are choosing to file under		ription of each, see <i>Notice Requ</i> Iso, go to the top of page 1 and		C. § 342(b) for Individuals Filing for opriate box.
8.	How you will pay the fee	more details about how cashier's check, or monmay pay with a credit ca  I need to pay the fee in Individuals to Pay Your  I request that my fee b judge may, but is not rethe official poverty lines.	ryou may pay. Typically, if you ey order. If your attorney is sand or check with a pre-printer in installments. If you choose a Filing Fee in Installments (One waived (You may request equired to, waive your fee, and that applies to your family site, you must fill out the Application.	ou are paying the submitting your ed address. this option, sig official Form 103 this option only d may do so onl ze and you are u	the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney in and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official
9.	Have you filed for bankruptcy within the last 8 years?	Ves. District District District	When When	MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Case number  Case number  Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Ves. Debtor District Debtor District	When When	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
11.	Do you rent your residence?	✓ No. Go to line			et You (Form 101A) and file it with

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Bernadine Fox Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. The law requires that Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Bernadine	AC della Massa	FOX	Case number (if known)				
Part 6: First Name  Answer These Que	Middle Name estions for Reporting	Last Name Purposes					
16. What kind of debts do you have?	<ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul>						
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing und expenses are	under Chapter 7. Go to line 1 der Chapter 7. Do you estimat e paid that funds will be availa	e that after any exempt prop	erty is excluded and administrative d creditors?			
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	5,001	-5,000 -10,000 1-25,000	25,001-50,000 50,001-100,000 More than 100,000			
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500, \$500,001-\$1 mil	00	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500, \$500,001-\$1 mil	00	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
Part 7: Sign Below							
For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill						
		have obtained and read the					
	· ·	•		de, specified in this petition.			
	connection with a ba		fines up to \$250,000, or i	money or property by fraud in mprisonment for up to 20 years, or			
	/s/ Bernadine F	ox	×				
	Signature of Debto		Signature of D	ebtor 2			
	Executed on _	5/1/2018 MM / DD / YYYY	Executed on	MM / DD / YYYY			

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Debtor 1 Bernadine		Fox	Case number (if	known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed und	der Chapter 7, 11, 12	, or 13 of title 11, United	ave informed the debtor(s) about d States Code, and have explained the also certify that I have delivered to the
If you are not	debtor(s) the notice requ	ired by 11 U.S.C. § 3	342(b) and, in a case in v	which § 707(b)(4)(D) applies, certify that I
represented by an	. ,	-		ules filed with the petition is incorrect.
attorney, you do not	•	an in quiny and a rive		and med man are pointer to moon out
need to file this page.	/s/ Alexander Preber		Date	5/1/2018
	Signature of Attorney f			M / DD / YYYY
	olginatare et / illetiney i	0. 200.0.		
	Alexander Preber			
	Printed name			
	Semrad Law Firm			
	Firm name			
	11101 S. Western Ave	nue		
	Street			
	Chicago		Illinois	60643
	City		State	Zip Code
	On wheat when a	0400074070		
	Contact phone	3122374979	Email address	apreber@semradlaw.com
	Day accept as		01-1-	
	Bar number		State	

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Bernadine		Fox
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

П	Check if this is an
_	amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$17,897.50
c. Copy line 63, Total of all property on Schedule A/B	\$17,897.50
2: Summarize Your Liabilities	
	<b>Your liabilities</b> Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	¢15 771 00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$15,771.00
chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$6,000.00
Ba. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$85,561.00
Your total liabilities	\$107,332.00
t 3: Summarize Your Income and Expenses	
	\$2,142.51
Schedule I: Your Income (Official Form 106I)	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	ΨΞ,ΤΤΞ.ΟΤ
	\$2,136.00

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Deb	otor 1 Bernadine		Fox	Case number (if known)							
		Middle Name	Last Name								
Part	4: Answer These Questions for	r Administrative a	nd Statistical Rec	cords							
6. <b>A</b>	Are you filing for bankruptcy under C	napters 7, 11, or 13?									
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes.										
Ŀ	<u>✓</u> 165.										
7. <b>W</b>	Vhat kind of debt do you have?										
[	Your debts are primarily consum family, or household purpose. 11 L			ed by an individual primarily for a personal, cal purposes. 28 U.S.C. § 159.							
	Your debts are not primarily con this form to the court with your oth		e nothing to report on	n this part of the form. Check this box and sub	nit						
	From the Statement of Your Current Form 122A-1 Line 11; OR, Form 122B			nonthly income from Official	\$3,032.84						
9.	Copy the following special categor	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:									
	From Part 4 on Schedule E/F, copy the following:			Total claim							
	9a. Domestic support obligations (Co	by line 6a.)		\$0.00							
	9b. Taxes and certain other debts you	owe the government.	(Copy line 6b.)	\$6,000.00							
	9c. Claims for death or personal injury	while you were intoxic	ated. (Copy line 6c.)	\$0.00							
	9d. Student loans. (Copy line 6f.)	\$59,844.00									
	9e. Obligations arising out of a separa priority claims. (Copy line 6g.)	tion agreement or divo	ce that you did not re	eport as \$0.00							
	9f. Debts to pension or profit-sharing	plans, and other similal	debts. (Copy line 6h	.) \$0.00							

\$65,844.00

9g. **Total.** Add lines 9a through 9f.

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Fill in this	information to identify your c	ase:					
Debtor 1	Bernadine			Fox			
Debtor 2	First Name	Middle Na	me L	ast Name			
(Spouse, if fi	ling) First Name	Middle Na	me L	ast Name			
United Sta	ates Bankruptcy Court for the:	Northern	District	t of Illinois			
Case num	nber			(State)			
Officia	al Form 106A/B				<u></u>		Check if this is an amended filing
Sche	dule A/B: Prope	rty					12/1
category responsib write your	ategory, separately list and d where you think it fits best. It le for supplying correct infor name and case number (if k Describe Each Residend	Be as complete an mation. If more spanown). Answer even	d accurate as pace is needed, ery question.	ossible. If two married pe attach a separate sheet t	eople are to this fo	filing together, both a	re equally
_	u own or have any legal or ed No. Go to Part 2	quitable interest in	any residence,	, building, land, or similar	property	/?	
	Yes. Where is the property?						
1.1	Street address, if available, or	other description	Single-family	perty? Check all that apply or home ulti-unit building	·.	the amount of any secu	claims or exemptions. Put red claims on Schedule D: nims Secured by Property.
			Condominiu	on or cooperative ed or mobile home		Current value of the entire property?	Current value of the portion you own?
	Number Street  City State	Zip Code	Land Investment   Timeshare Other	property		Describe the nature of interest (such as fee sthe entireties, or a life	simple, tenancy by
	,	,	Who has an intone.  Debtor 1 on	erest in the property? Che	eck	Check if this is co (see instructions)	mmunity property
			Debtor 2 on Debtor 1 and	•			
				ion you wish to add about	t this ite	m, such as local	
If you	own or have more than one, li	st here:	property identi	fication number:			
1.2	Street address, if available, or	other description	Single-family Duplex or m Condominiu	ulti-unit building Im or cooperative	·.	the amount of any secu	claims or exemptions. Put ired claims on <i>Schedule D:</i> iims <i>Secured by Property.</i> Current value of the portion you own?
			Manufacture Land	ed or mobile home			
	Number Street	7'- 0-1-	Investment   Timeshare	property		Describe the nature of interest (such as fee sthe entireties, or a life	simple, tenancy by
	City State	Zip Code	one.  Debtor 1 on Debtor 2 on Debtor 1 and At least one Other informat	•		(see instructions)	emmunity property

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Debtor 1	Bernadine		Fox	Case number	(if known)	
	First Name	Middle Name	Last Name			
1.3 Stre	et address, if available, or oth		/hat is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	apply.	the amount of any secu	claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the portion you own?
Nun	nber Street State	Zip Code	Land Investment property Timeshare Other	_	Describe the nature of interest (such as fee sthe entireties, or a life	imple, tenancy by
		] [ ] [	/ho has an interest in the property  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and and	other	(see instructions)	mmunity property
			ther information you wish to add a roperty identification number:	bout this item,	such as local	
you ha	the dollar value of the porve attached for Part 1. Wr	ite that number he	II of your entries from Part 1, incluere.	ding any entrie	s for pages	
you own tl	nat someone else drives. If y ns, trucks, tractors, sport uti	ou lease a vehicle, a	in any vehicles, whether they are also report it on Schedule G: Executor cycles	-	-	
3.1	Make Model: Year:	Chevrolet Cruze 2015	Who has an interest in the propone.	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Approximate mileage: Other information:	60759	Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors an	d another	Current value of the entire property? \$7625.00	Current value of the portion you own? \$3812.50
			Check if this is community	property (see		
3.2	Make Model: Year:		who has an interest in the propone.  Debtor 1 only	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
	Approximate mileage:  Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community		Current value of the entire property?	Current value of the portion you own?
			instructions)	F. 3POLLY (000		

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				Case numbe		
	First Name	Middle Name	Last Name			
3.3	Make Model: Year:		Who has an interest in the one.  Debtor 1 only	property? Check	the amount of any secu	claims or exemptions. Put tred claims on <i>Schedule D.</i> tims Secured by Property.
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 o	only	entire property?	portion you own?
			At least one of the debto	rs and another		
			Check if this is commuinstructions)	unity property (see		
3.4	Make		Who has an interest in the	property? Check		claims or exemptions. Put
	Model: Year:	-	one.  Debtor 1 only			red claims on <i>Schedule D.</i> aims Secured by Property.
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 of	only	entire property?	portion you own?
			At least one of the debto	ors and another		
			Check if this is communinstructions)	unity property (see		
Exar		•	er recreational vehicles, othe t, fishing vessels, snowmobiles,	•		
Exar	mples: Boats, trailers, motors No Yes	•	t, fishing vessels, snowmobiles,	, motorcycle accessori	ies	claims or exemptions. Put
Exar	mples: Boats, trailers, motors No Yes Make Model:	•	t, fishing vessels, snowmobiles,  Who has an interest in the one.	, motorcycle accessori	Do not deduct secured the amount of any secu	claims or exemptions. Put ired claims on <i>Schedule D.</i> irms Secured by Property
Exar	mples: Boats, trailers, motors No Yes Make	•	t, fishing vessels, snowmobiles,  Who has an interest in the one.  Debtor 1 only	, motorcycle accessori	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule D. iims Secured by Property.
Exar	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only	, motorcycle accessori	Do not deduct secured the amount of any secu	red claims on <i>Schedule D.</i>
Exar	mples: Boats, trailers, motors No Yes Make Model: Year:	•	who has an interest in the one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 on	, motorcycle accessori	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule D. nims Secured by Property.  Current value of the
Exar	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only	motorcycle accessorics property? Check only ors and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule D. nims Secured by Property.  Current value of the
Exar 4.1	mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:	•	who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of the debtor Check if this is communinstructions) Who has an interest in the	e property? Check  only ors and another  unity property (see	Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured	red claims on Schedule D.  ims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put
Exar 4.1	Make Model: Other information:  Make Model: Make Model: Make Model: Model: Model: Model: Model: Model:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is communinstructions)  Who has an interest in the one.	e property? Check  only ors and another  unity property (see	Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu	claims on Schedule D.  Current value of the portion you own?  Claims or exemptions. Put ired claims on Schedule D.
Exar 4.1	mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor constructions)  Who has an interest in the one. Debtor 1 only	e property? Check only ors and another unity property (see	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications	red claims on Schedule D.  ims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ured claims on Schedule D.  ims Secured by Property.
Exar 4.1	Make Model: Year: Approximate mileage:  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on the debtor th	motorcycle accessoric e property? Check only ors and another unity property (see	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the	claims or schedule D. claims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ared claims on Schedule D. claims Secured by Property.  Current value of the
Exar 4.1	Make Model: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor check if this is communinstructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	e property? Check  only ors and another unity property (see e property? Check	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications	red claims on Schedule D.  ims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ured claims on Schedule D.  ims Secured by Property.
Exar ✓ 4.1	Make Model: Year: Approximate mileage:  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage:	•	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on the debtor th	e property? Check  only ors and another unity property? Check  e property? Check	Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the	claims or schedule D. claims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ared claims on Schedule D. claims Secured by Property.  Current value of the

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De	ebtor 1	Bernadine First Name	Middle Name	Fox	Case number (if known)	_
Pa	t 3:		Middle Name our Personal and Household Ite	Last Name		
			e any legal or equitable interes		ing items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
		_	and furnishings liances, furniture, linens, china, kitchen	nware		
	No					
✓	Yes. [	Describe	chair			\$500.00
		ronics les: Television	s and radios; audio, video, stereo, and	l digital equipment; compu	uters, printers, scanners; music	
V	Yes. [	Describe	Used mobile, Tv, desktop, tablet			\$500.00
			ue und figurines; paintings, prints, or other in, or baseball card collections; other c			
Ħ	Yes. [	Describe				
		les: Sports, ph	rts and hobbies otographic, exercise, and other hobby s; carpentry tools; musical instruments		ol tables, golf clubs, skis; canoes	
<b>✓</b>	No					
П	Yes. [	Describe				
	<b>0. Fire</b> Examp		es, shotguns, ammunition, and related	d equipment		
✓	No					
Ш	Yes. E	Describe				
	<b>1. Clo</b> i Examp No		clothes, furs, leather coats, designer we	ear, shoes, accessories		1
낽		Describe	Used Clothing			¢1000.00
۷						<u>\$1000.00</u>
	<b>2. Jew</b> Examp No		ewelry, costume jewelry, engagement i r	rings, wedding rings, heirl	loom jewelry, watches, gems,	
$\overline{\mathbf{Z}}$	Yes. [	Describe	Used jewelry			\$400.00
	Examp	n-farm animal les: Dogs, cats	s s, birds, horses			
넴	No Yes. [	Describe				
Ш	. 50. L					
1 []	<b>4. Any</b> No	other person	al and household items you did not	t already list, including a	any health aids you did not list	
		Describe				
			lue of all of your entries from Part 3			\$3900.00

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Deb	tor 1 Bernadine		Fox	Case number (if known)	
	First Name	Middle Name	Last Name		
Part	4: Describe Your	Financial Assets			
Do	you own or have a	ny legal or equitable interes	t in any of the followin	g?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16.	Cash				
E	Examples: Money you h	ave in your wallet, in your home, i	n a safe deposit box, and o	n hand when you file your petition	
	No				
	✓ Yes			Cash:	\$10.00
17.	Deposits of money			Oasii	
17.	Examples: Checking,	savings, or other financial account institutions. If you have multiple ac		ares in credit unions, brokerage houses, ution, list each.	
	No				
	✓ Yes		Institution name:		
	_				
		17.1. Checking account:	Chase		\$150.00
		17.2. Checking account:			
		17.3. Savings account:	Chase		\$25.00
		17.4. Savings account:			
		17.5. Certificates of deposit:			
		17.6. Other financial account:			
		17.7. Other financial account:			
		17.8. Other financial account:			
		17.9. Other financial account:			
18.		s, or publicly traded stocks s, investment accounts with broke	orago firmo, monou markot s	occupto	
		s, investment accounts with broke	rage IIIIIs, IIIOIIey IIIaikei a	ccounts	
	✓ No	Institution or issuer name:			
	Yes				
		<del></del>			
					<u> </u>
19.	Non-publicly traded	stock and interests in incorpora	ated and unincorporated	businesses, including an interest in	
	an LLC, partnership,	and joint venture			
	<b>✓</b> No			0/ 6	
	Yes. Give specific			% of ownership:	
	information about	·			

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Debt	or 1 Bernadine		Fox	Case number (if known)	
	First Name	Middle Name	Last Name		
20.	Negotiable instruments i	orate bonds and other negotia include personal checks, cashier ents are those you cannot transf	s' checks, promissory no	ites, and money orders.	
	✓ No  Yes. Give specific information about them	Issuer name:			
21.	_		b), thrift savings account	s, or other pension or profit-sharing plans	
	<ul><li>No</li><li>✓ Yes. List each</li></ul>	Type of account:	Institution name:		
	account separately.	401(k) or similar plan:	Through Work		\$10000.00
		Pension plan:			
		IRA:			
		Retirement account:			
		Keogh: Additional account:			
		Additional account:			
22.					
	<b>✓</b> No		Institution name:		
	Yes	Electric:	-		
		Gas:	-		
		Heating oil:	-		
		Security deposit on rental unit:	-		
		Prepaid rent:			
		Telephone: Water:			
		Rented furniture:			-
		Other:			
23.	Annuities (A contract fo	or a periodic payment of money t	to you, either for life or fo	r a number of years)	
	No Yes	Issuer name and description:			
					<u></u>

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Debte	or 1 Bernadine	Fox	Case number (if known)	
0.4	First Name	Middle Name Last Name		
24.	26 U.S.C. §§ 530(b)(1), 529	<b>RA, in an account in a qualified ABLE prograr</b> A(b), and 529(b)(1).	n, or under a qualified state tuition program.	
	No Institution na	me and description. Separately file the records of a	ny interests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or future	interests in property (other than anything list	ed in line 1), and rights or powers	
	exercisable for your benef	it		
	Yes. Describe			
26.		marks, trade secrets, and other intellectual p lames, websites, proceeds from royalties and licer		
	✓ No  Yes. Describe			
27.	Licenses, franchises, and Examples: Building permits,	other general intangibles exclusive licenses, cooperative association holding	gs, liquor licenses, professional licenses	
	✓ No			
	Yes. Describe			
Mon	ey or property owed to	you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	ey or property owed to  Tax refunds owed to you	you?		portion you own? Do not deduct secured
	Tax refunds owed to you	you?		portion you own? Do not deduct secured
	Tax refunds owed to you  ✓ No		Federal:	portion you own? Do not deduct secured
	Tax refunds owed to you  ✓ No  Yes. Give specific informabout them, includ	ation ing whether	Federal: State:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to you  ✓ No  ☐ Yes. Give specific inform.	ation ing whether e returns		portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you  No Yes. Give specific inform about them, includ you already filed the and the tax years  Family support	ation ing whether e returns	State:  Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed to you  No Yes. Give specific inform about them, includ you already filed the and the tax years  Family support	ation ing whether e returns	State:  Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed to you  No Yes. Give specific inform about them, includ you already filed the and the tax years  Family support  Examples: Past due or lump s	ation ing whether e returns	State:  Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed to you  No Yes. Give specific informabout them, includ you already filed the and the tax years  Family support Examples: Past due or lump so	ation ing whether e returns	State:  Local:  ntenance, divorce settlement, property settlemen	portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed to you  No Yes. Give specific informabout them, includ you already filed the and the tax years  Family support Examples: Past due or lump so	ation ing whether e returns	State:  Local:  ntenance, divorce settlement, property settlement  Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t
28.	Tax refunds owed to you  No Yes. Give specific informabout them, includ you already filed the and the tax years  Family support Examples: Past due or lump so	ation ing whether e returns	State:  Local:  ntenance, divorce settlement, property settlement  Alimony:  Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds owed to you  No Yes. Give specific inform about them, includ you already filed the and the tax years  Family support Examples: Past due or lump some No Yes. Give specific informations.	ation ing whether e returns	State:  Local:  ntenance, divorce settlement, property settlement  Alimony:  Maintenance:  Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to you  ✓ No  Yes. Give specific informabout them, includ you already filed the and the tax years  Family support  Examples: Past due or lumps  ✓ No  Yes. Give specific information  Other amounts someone or Examples: Unpaid wages, dis	ation ing whether e returns	State: Local:  Intenance, divorce settlement, property settlement  Alimony:  Maintenance: Support:  Divorce settlement:  Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to you  ✓ No  Yes. Give specific information about them, includ you already filed the and the tax years  Family support  Examples: Past due or lumps  ✓ No  Yes. Give specific information  Other amounts someone of Examples: Unpaid wages, dis Social Security ber	ation ing whether e returns	State: Local:  Intenance, divorce settlement, property settlement  Alimony:  Maintenance: Support:  Divorce settlement:  Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to you  ✓ No  Yes. Give specific informabout them, includ you already filed the and the tax years  Family support  Examples: Past due or lumps  ✓ No  Yes. Give specific information  Other amounts someone or Examples: Unpaid wages, dis	ation ing whether e returns	State: Local:  Intenance, divorce settlement, property settlement  Alimony:  Maintenance: Support:  Divorce settlement:  Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Bernadine	Fox	Case number (if known)	
	First Name Middle Name	Last Name		
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; health,	alth savings account (HSA); credit, h	omeowner's, or renter's insurance	
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from If you are the beneficiary of a living trust, expect property because someone has died.		y, or are currently entitled to receive	
	✓ No ☐ Yes. Describe			
33.	Claims against third parties, whether or not Examples: Accidents, employment disputes, inst		a demand for payment	
	✓ No ☐ Yes. Describe			
34.	Other contingent and unliquidated claims of to set off claims	every nature, including counter	claims of the debtor and rights	
	✓ No ☐ Yes. Describe			
35.	Any financial assets you did not already list			
	✓ No ✓ Yes. Describe			
36.	Add the dollar value of all of your entries from for Part 4. Write that number here			\$10185.00
Part	5: Describe Any Business-Related Pro	nerty You Own or Have an I	nterest In. List any real estate in Par	H1
37.	Do you own or have any legal or equitable in	terest in any business-related pr		
	No. Go to Part 6. Yes. Go to line 38.		r C	Current value of the portion you own? On not deduct secured claims or exemptions
38.	Accounts receivable or commissions you alr	eady earned		
	✓ No Yes. Describe			
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software	e, modems, printers, copiers, fax ma	achines, rugs, telephones, desks, chairs, elect	tronic devices
	✓ No  Yes. Describe			

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Debt	tor 1 Bernadine	Fox Case number (if known)	
40	First Name	Middle Name Last Name ipment, supplies you use in business, and tools of your trade	
40.		ipinent, supplies you use in business, and tools of your trade	
	✓ No		
	Yes. Describe		
41.	Inventory		
	<b>V</b> No		
	Yes. Describe		
42.	Interests in partnerships	s or joint ventures	
	<b>✓</b> No		
	Yes. Give specific	Name of entity: % of ownership:	
	information about	- <u></u> -	
	them		
			<u> </u>
13 (	Cuetomar liete mailing lie	sts, or other compilations	<del>-</del>
70.		is, or other compliations	
	✓ No		
	Yes. Do your lists incli	ude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	No		
	Yes. Describe	9	
	_		
44.	Any business-related pro	operty you did not already list	
	<b>✓</b> No		
	Yes. Give specific		<del></del>
	information		<del>_</del>
			<u> </u>
			<del></del>
		of your entries from Part 5, including any entries for pages you have attached	
<b>▶</b>	art 5. Write that number i	1616	
Part		m- and Commercial Fishing-Related Property You Own or Have an Interest In.	
	If you own or have an int	erest in farmland, list it in Part 1.	
46.	Do you own or have any	legal or equitable interest in any farm- or commercial fishing-related property?	
	No. Go to Part 7.		Current value of the
	Yes. Go to line 47.		portion you own?  Do not deduct secured claims
			or exemptions
47.	Farm animals	has form united field	
	Examples: Livestock, poul	itry, tarrn-raised tish	
	✓ No		
	Yes. Describe		

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Last Name	
48. Crops-either growing or harvested	
. No	
Yes. Describe	
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
<b>✓</b> No	
Yes. Describe	
50. Farm and fishing supplies, chemicals, and feed	
✓ No	
Yes. Describe	
51. Any farm- and commercial fishing-related property you did not already list	
✓ No ☐ Yes. Describe	
Trest Describe	
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53. Do you have other property of any kind you did not already list?	
Examples: Season tickets, country club membership	
✓ No ☐ Yes. Give specific	
information	
	<b>.</b>
54. Add the dollar value of all of your entries from Part 7. Write that number here	
	<u> </u>
Part 8: List the Totals of Each Part of this Form	,
55. Part 1: Total real estate, line 2	
56. part 2 total vehicles, line 5 \$3812.50	
57.Part 3: Total personal and household items, line 15 \$3900.00	
58.Part 4: Total financial assets, line 36 \$10185.00	
59. Part 5: Total business-related property, line 45	
60. Part 6: Total farm- and fishing-related property, line 52	
61. Part 7: Total other property not listed, line 54	
62. <b>Total personal property.</b> Add lines 56 through 61	+ \$17897.50
Copy personal pro	porty total F
	\$17897.50

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Debtor 1	Bernadine		Fox	Case number (if known)	
	First Name	Middle Neme	Leat Name		

#### Schedule A/B: Property. Additional page

Part 3: Describe	Part 3: Describe Your Personal and Household Items			
Do you own or ha	ve any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.		
6.2. Household goo	ds and furnishings			
No ✓ Yes. Describe	Used Household Goods	\$1500.00		

		Case 18-12858	Doc 1 Filed 0	5/01/18 Entered 05/01/ ment Page 21 of 72	18 18:22:30 Desc Main
Fill	in this inforr	nation to identify your case:			
Deb	otor 1	Bernadine First Name	Middle Name	Fox Last Name	
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	
Uni	ted States B	ankruptcy Court for the: North	nern D	istrict of Illinois	
Cas	se number			(State)	
	nown)				
$\bigcirc$ 1	ficial l	Form 106C			Check if this is an amended filing
		_			
Sc	hedule	C: The Property	y You Claim a	s Exempt	04/16
stat the tax- und you	e a specif amount o exempt re ler a law t r exempti	ic dollar amount as exem any applicable statutory stirement funds—may be	pt. Alternatively, you limit. Some exempt unlimited in dollar a o a particular dollar e applicable statutor	nmay claim the full fair market ions—such as those for health mount. However, if you claim a amount and the value of the pr	otion you claim. One way of doing so is to value of the property being exempted up to aids, rights to receive certain benefits, and n exemption of 100% of fair market value operty is determined to exceed that amount,
1.	Which set	of exemptions are you claim	ing? Check one only, ev	en if your spouse is filing with you.	
	<b>✓</b> You a	re claiming state and federal	nonbankruptcy exemp	tions. 11 U.S.C. § 522(b)(3)	
	You a	re claiming federal exemption	ns. 11 U.S.C. § 522(b)(2	2)	
2.	For any p	operty you list on <i>Schedule A</i>	A/B that you claim as e	xempt, fill in the information below.	
		ription of the property and hedule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exempt	·
	Brief				735 ILCS 5/12-1006
	description		\$10,000.00		

3. Are you claiming a homestead exemption of more than \$160,375?

17

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

\$150.00

**V** 

☐ No

401(k) or similar plan,

Checking account,

**Through Work** 

Line from Schedule A/B:

description:

Line from Schedule A/B:

Chase

\$10,000.00

\$150.00

100% of fair market value, up to any

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

735 ILCS 5/12-1001(b)

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Debtor 1 Bernadine Fox Case number (if known)
First Name Middle Name Last Name

Brief description of the property and line on Schedule A/B that lists this property	d Current value of the portion you own	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
	Copy the value from Schedule A/B		
Brief description: Savings account, Chase Line from Schedule A/B: 17	\$25.00	\$25.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: chair	\$500.00	\$0	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 06		100% of fair market value, up to any applicable statutory limit	705    00 5/40 4004/)
Brief description:  Used Clothing  Line from Schedule A/B: 11	\$1,000.00	\$1,000.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Brief description: Used Household Goods Line from Schedule A/B: 06	\$1,500.00	\$1,500.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:  Used mobile, Tv, desktop, tablet  Line from Schedule A/B:  07	\$500.00	\$500.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: Used jewelry Line from Schedule A/B: 12	\$400.00	\$400.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: Cash in hand Line from Schedule A/B: 16	\$10.00	\$10.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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Fill in	this information to	identify your ca	ase:				
Debto	or 1 Bernadir	ne		Fox			
Dobito	First Nar		Middle Name	Last Name			
Debto							
(Spous	e, if filing) First Nar	me	Middle Name	Last Name			
United	d States Bankruptcy	y Court for the:	Northern	District of Illinois (State)			
Case (If know	number vn)			(State)			
Off	icial Form	106D			•		Check if this is an amended filing
Scl	hedule D	: Credite	ors Who Ha	ve Claims Secure	ed by Prop	ertv	12/1
Be as more	complete and acc	curate as possib	ole. If two married peopl	e are filing together, both are equal nber the entries, and attach it to t	ally responsible for s	upplying correct info	
1. I	Do any creditors	have claims se	ecured by your proper	ty?			
- 1	No. Check this	s box and subm	nit this form to the court	with your other schedules. You hav	e nothing else to rep	ort on this form.	
i	Yes. Fill in all c	of the information	n below.				
Part	1: List All Secu	red Claims					
2.				cured claim, list the creditor	Column A	Column B	Column C
			•	ticular claim, list the other creditors order according to the creditor's	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	CAPITAL ONE AU	TO FINAN	. Describe the property	that secures the claim:	\$14,771.00	\$7,625.00	\$7,146.00
_	Creditor's Name 3901 DALLAS PKWY		2015 Chevrolet Cruz				
	Number	Street		, the claim is: Check all that apply.			
			. Contingent				
	PLANO	TX 75093	Unliquidated				
	City	State ZIP Code	Disputed				
	Who owes the de		Nature of lien. Check	all that apply.			
	Debtor 2 only			made (such as mortgage or secured			
		Debtor 2 only	car loan)	(care as mongage or count			
	At least one o	•	Statutory lien (such	as tax lien, mechanic's lien)			
	and another		Judgment lien from	n a lawsuit			
	Check if this to a commun	claim relates	Other (including a r	ight to offset)			
	Date debt was incurred	8/2015	Last 4 digits of accou	nt number1001			
2.2	SYNCB/VALUE CIT	TY FURNI	Describe the property	that secures the claim:	\$1,000.00	\$500.00	\$500.00
	950 FORRER BL		CreditCard (Chair)				
	Number	Street	_	e, the claim is: Check all that apply.			
			Contingent				
	KETTERING City	OH 45420 State ZIP Code	Unliquidated				
	Who owes the de		Disputed				
	✓ Debtor 1 only	•	Nature of lien. Check	all that apply.			
	Debtor 2 only	Debtor 2 only	An agreement you car loan)	made (such as mortgage or secured			
	At least one o	•	Statutory lien (such	as tax lien, mechanic's lien)			
	and another	Title debtols	Judgment lien from	n a lawsuit			
	Check if this to a commun	claim relates	Other (including a r	ight to offset)			
	Date debt was incurred	3/2018	Last 4 digits of accou	nt number1423			
	Add the here:	dollar value of y	your entries in Column A	A on this page. Write that number	\$15,771.00		

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Fill in this info	rmation to identify your case:				
Debtor 1	Bernadine	Fox			
Dobtor 0	First Name Middle N	ame Last Name			
Debtor 2 (Spouse, if filing)	First Name Middle N	ame Last Name			
United States	Bankruptcy Court for the: Northern	District of Illinois			
Case number		(State)			
(If known)					
Official F	Form 106E/F		Chec	ck if this is an	amended filing
<b>Sched</b>	ule E/F: Creditors W	ho Have Unsecured Claims	8		12/15
claims that ar the entries in known).  Part 1: List	te listed in Schedule D: Creditors Who Hole the boxes on the left. Attach the Continuate All of Your PRIORITY Unsecured Cl		y the Part yo	u need, fill it	out, number
No. Yes  2. List all clisted, ide As much Continua	of your priority unsecured claims. If a credit entify what type of claim it is. If a claim has be as possible, list the claims in alphabetical ord ation Page of Part 1. If more than one creditor	or has more than one priority unsecured claim, list the creditor s th priority and nonpriority amounts, list that claim here and shower according to the creditor's name. If you have more than two holds a particular claim, list the other creditors in Part 3. actions for this form in the instruction booklet.)	w both priority	and nonprior	ity amounts.
			Total claim	Priority amount	Nonpriority amount
2.1 IRS			\$6,000.00	\$6,000.00	\$0.00
Priority Po Box	Creditor's Name	Last 4 digits of account number When was the debt incurred? n/a	+=,=====	40,0000	Ψ0.00
Numbe		As of the date you file, the claim is: Check all that apply.			
	lphia Pennsylvania 19101 State Zip Code Icurred the debt? Check one. btor 1 only	Contingent Unliquidated Disputed			
De	btor 2 only	Type of PRIORITY unsecured claim:			
De	btor 1 and Debtor 2 only	☐ Domestic support obligations ☐ Taxes and certain other debts you owe the			
At	least one of the debtors and another	government			
Ch	eck if this claim relates to a community d	ebt Claims for death or personal injury while you were intoxicated			
Is the	claim subject to offset?	Other, Specify			

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Debto		Bernadine First Name Mic	Fox Idle Name Last Na	Case number (if known)	
Part 2	■.	List All of Your NONPRIORIT			
3. [	Do ar	ny creditors have nonpriority uns	ecured claims against you?	the court with your other schedules.	
u It	insed f mo	cured claim, list the creditor separate	ly for each claim. For each clai	rder of the creditor who holds each claim. If a creditor has more m listed, identify what type of claim it is. Do not list claims already in in Part 3.If you have more than four priority unsecured claims fill ou	cluded in Part 1.
					Total claim
4.1	No: 282	FIRM INC npriority Creditor's Name 28 N Clark St # 426		- Last 4 digits of account number LDQH When was the debt incurred? 12/2017	\$145.00
	Chi City Wh	o incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and and  Check if this claim relates to a  the claim subject to offset?		As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify 006 InstallmentLoan	
4.0	Por	Yes			ф1 000 00
4.2	SIC City Wh	o incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this claim relates to a the claim subject to offset? No Yes	Zip Code other	When was the debt incurred?	\$1,000.00
4.3	Noi PO Nui SAL City	PITALONE Inpriority Creditor's Name BOX 30253 Imber Street  LT LAKE CITY Utah In State In Incurred the debt? Check one. Debtor 1 only In Debtor 2 only In Debtor 2 only In Debtor 2 only In Debtor 1 and Debtor 2 only	84130 Zip Code	When was the debt incurred? 7/2008  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans	\$1,372.00
		At least one of the debtors and and Check if this claim relates to a the claim subject to offset?  No		Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard	

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim CAPITALONE** 4.4 \$527.00 1886 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 30253 When was the debt incurred? 7/2014 Street Number As of the date you file, the claim is: Check all that apply. Contingent SALT LAKE CITY 84130 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify Is the claim subject to offset? V **✓** No Yes <u>C</u>BNA \$1,699.00 Last 4 digits of account number 6683 Nonpriority Creditor's Name When was the debt incurred? 12/2017 Po Box 6497 Number Street As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls South Dakota 57117 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only  $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes COMENITY BANK/ASHSTWRT 4.6 \$908.00 Last 4 digits of account number 0702 Nonpriority Creditor's Name When was the debt incurred? PO BOX 182789 9/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent COLUMBUS 43218 Ohio Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only  $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans

**V** No Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim relates to a community debt

debts Other. Specify

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar

CreditCard

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Debtor 1 Bernadine Case number (if known) Fox First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning wit	h 4.5, followed by 4.6, and so forth.	Total claim
4.7	COMENITY BANK/AVENUE	Last 4 digits of account number 2725	\$1,618.00
	Nonpriority Creditor's Name 8035 QUIVIRA RD	When was the debt incurred? 9/2011	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	LENEXA Kansas 66215 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No	_	
	Yes		
4.8	COMENITY BANK/KINGSIZE	Last 4 digits of account number 8997	\$237.00
	Nonpriority Creditor's Name PO BOX 182789	When was the debt incurred? 12/2012	
	Number Street		
		As of the date you file, the claim is: Check all that apply.  Contingent	
	COLUMBUS Ohio 43218	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	片	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	─ debts  ✓ Other. Specify CreditCard	
	Is the claim subject to offset?  No	Title: Opecity	
	Yes		
[ - 1	<u> </u>		<b>**</b>
4.9	COMENITY BANK/LNBRYANT Nonpriority Creditor's Name	Last 4 digits of account number0380	\$2,357.00
	4590 E Broad St	When was the debt incurred? 9/2008	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	O.L. 10010	Contingent	
	Columbus Ohio 43213 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	<b>✓</b> No	<del>_</del>	

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 COMENITY BANK/WOMNWTHN \$1,376.00 Last 4 digits of account number 8234 Nonpriority Creditor's Name 4590 E BROAD ST When was the debt incurred? 3/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent **COLUMBUS** 43213 Ohio Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.11 COMENITYBANK/BRYLANEHO \$2,826.00 8279 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 182789 When was the debt incurred? 4/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent COLUMBUS Ohio 43218 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? CreditCard **✓** No Yes 4.12 COMENITYBANK/JESSLONDN \$240.00 Last 4 digits of account number 9463 Nonpriority Creditor's Name When was the debt incurred? 9/2012 PO BOX 182746 Number As of the date you file, the claim is: Check all that apply. Contingent 43218 **COLUMBUS** Ohio Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? No

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 CREDIT ONE BANK NA \$2,288.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 98875 When was the debt incurred? 12/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent LAS VEGAS 89193 Nevada Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.14 DEPT OF EDUCATION/NELN \$59,844.00 7092 Last 4 digits of account number Nonpriority Creditor's Name 121 S 13TH ST When was the debt incurred? 11/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent LINCOLN Nebraska 68508 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No Yes 4.15 FIRST PREMIER BANK \$947.00 Last 4 digits of account number 9099 Nonpriority Creditor's Name When was the debt incurred? 7/2012 Jefferson Capital Systems, LLC PO Box 7999 Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent 56302 Saint Cloud Minnesota Unliquidated State Zip Code City Disputed Who incurred the debt? Check one. Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset?

No Yes

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 FIRST PREMIER BANK \$540.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 9/2013 Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent Saint Cloud 56302 Minnesota Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.17 **MCYDSNB** \$610.00 Last 4 digits of account number Nonpriority Creditor's Name 9111 DUKE BLVD When was the debt incurred? 7/2016 Number As of the date you file, the claim is: Check all that apply. Contingent MASON Ohio 45040 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? CreditCard **✓** No Yes 4.18 MERRICK BANK CORP \$1,264.00 Last 4 digits of account number 1228 Nonpriority Creditor's Name When was the debt incurred? 4/2016 PO BOX 9201 Number As of the date you file, the claim is: Check all that apply. Contingent OLD BETHPAGE 11804 New York Unliquidated State Zip Code City Disputed Who incurred the debt? Check one. Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? No

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Paypal \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2211 N 1st St Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 95131 California San Jose City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ Unsecured Debt Is the claim subject to offset? No ◪ ☐ Yes SYNCB/CARE CREDIT \$1,177.00 Last 4 digits of account number \_ 9624 Nonpriority Creditor's Name When was the debt incurred? 10/2017 C/O P.O. BOX 965036 Street Number As of the date you file, the claim is: Check all that apply. Contingent ORLANDO Florida 32896 Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes SYNCB/JCP \$520.00 Last 4 digits of account number 4477 Nonpriority Creditor's Name When was the debt incurred? 3/2017 PO BOX 965007 Number As of the date you file, the claim is: Check all that apply. Contingent 32896 Orlando Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 SYNCB/WALMART \$537.00 Last 4 digits of account number 1111 Nonpriority Creditor's Name Po Box 530927 When was the debt incurred? 12/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent Atlanta 30353 Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify \_ Is the claim subject to offset? ◪ **✓** No Yes 4.23 TARGET/TD \$529.00 Last 4 digits of account number 2285 Nonpriority Creditor's Name PO BOX 673 When was the debt incurred? 12/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent MINNEAPOLIS Minnesota 55440 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$6,000.00

6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$6,000.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$59,844.00 6f. Student loans \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar \$25,717.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

\$85,561.00

6j.

**Total claims** 

from Part 2

6j. Total. Add lines 6f through 6i.

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Fill in this infor	mation to identify your c	ase:					
Debtor 1	Bernadine		Fox				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States E	Sankruptcy Court for the:	Northern	District of Illinois (State)				
Case number (If known)							

Officia	I Form	106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or com	pany with whom you have	the contract or lease	State what the contract or lease is for	
1 South Shore Ho	spital		Residential Lease,	
Name			Debtor is Lessee, Month to Month	
8012 South Cra	andon Ave.			
Number	Street			
Chicago	Illinois	60617		
City	State	Zip Code		

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			Do	cument Page	35 of 7	2
Fill in	this infor	mation to identify your c	ase:			
Debto	or 1	Bernadine		Fox		
		First Name	Middle Name	Last Name		
Debto (Spous	or 2 se, if filing)	First Name	Middle Name	Last Name		
Linito	d Statos B	ankruptcy Court for the:		District of Illinois		
Office	u States D	ankiuptcy count for the.	Northern	(State)		
Case (If knov	number vn)					
						Check if this is an
Ott	! = ! = 1	T 10011				amended filing
Oπ	ıcıaı	Form 106H				
Sch	edul	H: Your Cod	lebtors			12/15
Codeb	tors are	people or entities who	are also liable for any deb	ts you may have. Be as	complete a	nd accurate as possible. If two married people are
filing t	ogether,	both are equally respo	nsible for supplying corre	ct information. If more sp	pace is nee	ded, copy the Additional Page, fill it out, and number
		ne boxes on the leπ. At r every question.	tach the Additional Page	to this page. On the top	of any Add	litional Pages, write your name and case number (if
1.	Do you	nave any codebtors? (If	you are filing a joint case, d	o not list either spouse as	a codebtor	
١.	□ No	,	you are ming a joint case, o	o not list either spouse as	a codebtor.,	,
	Ye	S				
2.	Within t	he last 8 years, have yo	ou lived in a community p	operty state or territory	? (Commun	nity property states and territories include Arizona,
			da, New Mexico, Puerto Ric	o, Texas, Washington, and	d Wisconsin	.)
		. Go to line 3.	ner spouse, or legal equiv	valent live with you at the	timo?	
		s. Dia your spouse, ion No	nei spouse, oi legal equit	alent live with you at the	ui i i C :	
	쒸	-	nity state or territory did y	ou live?	Fill in t	he name and current address of that person.
			, , ,			·
		Name of your spouse, f	ormer spouse, or legal equi	valent		
		Number Street				
		Trainibol Circot				
		City	State	Zip Code	e	
3.	In Colur	nn 1, list all of your cod	ebtors. Do not include yo	ur spouse as a codebtor	if your spo	use is filing with you. List the person shown in line 2
	-		•	-		d the creditor on Schedule D (Official Form 106D), chedule E/F, or Schedule G to fill out Column 2.
	ocneda	c 277 (Gillolai i Gilli 10	our j, or deficulte a (oil	olar i olim 100a). 030 007	icuaic B, o	onedate 277, or donedate a to fin out dolarin 2.
	Column	1: Your codebtor			Colu	ımn 2: The creditor to whom you owe the debt
					Chec	ck all schedules that apply:
3.1	Fox, Rau	ıshawna			I	Schedule D, line 2.1
	Name	University			<u> </u>	, <u>———</u>
		Unknown			11	Schedule E/F, line

60617

Zip Code

Schedule G, line \_

Number

Chicago

City

Street

Illinois

State

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		_			5			
Fill in this i	information to identify	your case:						
Debtor 1	Bernadine		Fox					
	First Name	Middle Name	Last N	lame		- Che	ck if this is:	
Debtor 2								
(Spouse, if filing	ng) First Name	Middle Name	Last N	lame			An amended filing	
United State	es Bankruptcy Court for	Northern	District of III	inois			A supplement showing   expenses as of the follo	
the:			(5	State)		_   '	expenses as on the rollo	wing date.
Case number	er					-   ;	MM / DD / YYYY	
Official	l Form 106l							
	ule I: Your In	come						
responsible informatior spouse. If n number (if l	e for supplying correct n about your spouse.		e married ar d your spou	nd no se is	ot filing jo not filing	intly, and you with you, do	r spouse is living wit not include informat	h you, include tion about your
	our employment		Debtor 1	l			Debtor 2	
informa	ition.	Employment status						
-	If you have more than one job, attach a separate page with information about additional	Employment status	✓ Employed				Employed	
			Not Employed		Not Employed			
employe	ers.	Occupation	Admin As	sistan	t			
	part time, seasonal, or	Employer's name	South Shore Hospital 8015 S Luella Ave					
•	oloyed work.	Employer's address						
•	tion may include student emaker, if it applies.		Number Street		Number Street			
			Chicago		Illinois	60617		
			City		State	Zip Code	City	State Zip Code
		How long employed there?	10 years 4	l mor	iths			<del>-</del>
Part 2: G	Give Details About M	Monthly Income						
spouse unl	less you are separated.	the date you file this form	•			,	•	•
	our non-filing spouse hav ce, attach a separate she	e more than one employer, et to this form.	, combine the	intor	mation for a	all employers fo	·	s below. If you n
					For E	Debtor 1	For Debtor 2 or non-filing spouse	
deduc		ary, and commissions (befor, calculate what the monthly		2.		\$3,029.87		_
be.				_				
	ate and list monthly ove			3.		+ \$0.00		=,
4. Calcu	ılate gross income. Add l	ine 2 + line 3.		4.		\$3,029.87		

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Dep	for 1Bernadine First Name	Middle Name	Last Name		Case number	r (if		
	First Name	Middle Name	Last Name		known) For Debtor 1	For Debtor 2 or non-filing spouse		
Co	opy line 4 here		→	4.	\$3,029.87			
5. <b>Li</b>	st all payroll dedu							
		and Social Security deductions		5a.	\$605.61			
5	b. <b>Mandatory con</b>	tributions for retirement plans		5b.	\$0.00			
5	c. Voluntary contr	ibutions for retirement plans		5c.	\$0.00			
5	d. <b>Required repay</b>	ments of retirement fund loans		5d.	\$0.00			
5	e. Insurance			5e.	\$281.75			
5	f. Domestic suppo	ort obligations		5f.	\$0.00			
5	g. <b>Union dues</b>			5g.	\$0.00			
5	h. Other deductio	ns. Specify:		5h. +	\$0.00 +	· · · · · · · · · · · · · · · · · · ·		
6. <b>A</b> c +5h.		uctions. Add lines 5a + 5b + 5c + 5d + 5e +5	5f + 5g	6.	\$887.36			
7. <b>C</b> a	alculate total mon	nthly take-home pay. Subtract line 6 from lin	e 4.	7.	\$2,142.51			
8. <b>Li</b>	st all other incom	e regularly received:						
8	business, profes	-						
		nt for each property and business showing rdinary and necessary business expenses, and	d					
	the total monthly	net income.		8a.	\$0.00			
8	b. Interest and div	vidends		8b.	\$0.00			
8	dependent regu	-						
		spousal support, child support, maintenance nt, and property settlement.		8c.	\$0.00			
8	d. <b>Unemployment</b>	compensation		8d.	\$0.00			
8	e. Social Security			8e.	\$0.00			
8	Include cash assi cash assistance t	ent assistance that you regularly receive stance and the value (if known) of any non- hat you receive, such as food stamps (benefit mental Nutrition Assistance Program) or s		8f.	<b>\$</b> 0.00			
8	g. Pension or reti	rement income		8g.	\$0.00			
8	h. Other monthly i	income. Specify:		8h. +	\$0.00 +			
9. <b>A</b> d	dd all other incom	<b>e</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g	+ 8h.	9.	\$0.00			
		income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing s		10.	\$2,142.51 +		=	\$2,142.51
Ir fr	nclude contributions iends or relatives.	ular contributions to the expenses that yos from an unmarried partner, members of you mounts already included in lines 2-10 or and	r househol	d, your	dependents, your roomn	•		
S	pecify:						11. +	\$0.00
		the last column of line 10 to the amount in the Summary of Schedules and Statistical Sci				,	12.	\$2,142.51
							ļ	Combined monthly income
13.	No.	increase or decrease within the year after	you file th	is form	?			
	Yes. Explain:							

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		Docc	inchi Tage 30 01 7	2		
Fill in this infor	mation to identify your o	case:				
Debtor 1	Bernadine		Fox			
	First Name	Middle Name	Last Name	Check if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended filing	g	
				A supplement she	owing post-p	petition chapter 13
United States E	Bankruptcy Court for the:	Nortnern	District of Illinois (State)	expenses as of the		•
Case number (If known)				MM / DD / YYYY		
066 1 1				WWW, DD, TTTT		
Official	Form 106J					
Schedul	e J: Your Exp	enses				12/15
information. If (if known). Ans	more space is needed, wer every question.	attach another sheet to this	re filing together, both are equal form. On the top of any additio			
Part 1: Des	cribe Your Househo	ld				
1. Is this a joi	nt case?					
✓ No. Go	to line 2					
Yes. D	oes Debtor 2 live in a s	eparate household?				
	No					
Ī	Yes. Debtor 2 must fil	e Official Forms 106J-2, <i>Exper</i>	nses for Separate Household of De	btor 2.		
2. Do you hav	e dependents? 🗸 N	0				
Do not list Debtor 2.	Debtor 1 and	es. Fill out this information for ach dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does depe with you?	endent live
	penses include f people other	0				
than						
yourself an dependent	u youi	55				
Part 2: Esti	mate Your Ongoing	Monthly Expenses				
	of a date after the bank		ou are using this form as a supplemental Schedule J, check th	·	-	
		eash government assistance t on Schedule I: Your Income			,	Your expenses
	or home ownership ex or the ground or lot. 4.	penses for your residence. In	nclude first mortgage payments an	d	4.	\$542.00
If not inc	uded in line 4:					
	state taxes				4a	\$0.00
4b. Prope	rty, homeowner's, or rent	er's insurance			4h	\$0.00

4c.

4d.

\$0.00

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Bernadine Fox Last Name
 Case number (if known)

	First Name	Middle Name Last Name		
Sea				Your expenses
6a. Electricity, heat, natural gas         6a.         \$415.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$100.00           6d. Other. Specify:         6d.         \$0.00           7. Food and housekeeping supplies         7.         \$300.00           8. Childcare and children's education costs         9.         \$85.00           10. Personal care products and services         10.         \$55.00           11. Medical and dental expenses         11.         \$60.00           11. Medical and dental expenses         11.         \$60.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$230.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$200.00           15. Instantance.         15.         \$0.00           15b. Haalth insurance         15a.         \$0.00           15c. Vahicle insurance         15c.         \$0.00           15c. Vahicle insurance         15c.         \$0.00           15c. Vahicle insurance.         15c.         \$0.00           15c. Vahicle insurance.         15c.	5. Additional mortgage paym	ents for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$100.00           6d. Other, Specify:         6c.         \$100.00           7. Food and housekceping supplies         7.         \$300.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$855.00           10. Personal care products and services         11.         \$800.00           11. Medical and dental expenses         11.         \$800.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$220.00           10. not include care payments.         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$200.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a.         \$0.00           15c. Vehicle insurance         15b.         \$0.00         15c. Vehicle insurance         15c.         \$0.00           15c. Vehicle insurance         15c.         \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. \$100.00 6d. Other. Specify; 7. Food and housekeeping supplies 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$85.00 9. Clothing, laundry, and dry cleaning 9. \$85.00 10. Personal care products and services 10. \$55.00 11. Medical and dental expenses 11. \$60.00 12. Transportation. Include gas, maintenance, bus or train fare. 0 Do not include care payments 12. \$230.00 14. Charitable contributions and religious donations 14. \$200.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15s. Life insurance 15s. Life insurance 15s. Life insurance 15s. Uther insurance \$9.00 15c. Vehicle insurance Specify; 15d. \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. Insurance. 15. Insurance. 15. Insurance Specify: 15d. Other insurance	6a. Electricity, heat, natural g	gas	6a.	\$415.00
6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$300.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$55.00           11. Medical and dental expenses         11.         \$60.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$230.00           Do not include care payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$200.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15c         \$0.00           15b. Health insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00      <	6b. Water, sewer, garbage c	ollection	6b.	\$0.00
7. Food and housekeeping supplies       7.       \$300.00         8. Childcare and childcare's education costs       8.       \$0.00         9. Clothing, laundry, and dry cleaning       9.       \$65.00         10. Personal care products and services       10.       \$55.00         11. Medical and dental expenses       11.       \$60.00         12. Transportation. Include gas, maintenance, bus or train fare.       12.       \$230.00         Do not include car payments       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$200.00         15. Insurance.       15a       \$0.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15b. Health insurance       15a       \$0.00         15c. Vehicle insurance       15a       \$0.00         15c. Vehicle insurance. Specity:       15d       \$0.00         15c. Vehicle insurance. Specity:       15d       \$0.00         15c. Vehicle insurance. Specity:       15a       \$0.00         15c.	6c. Telephone, cell phone, I	nternet, satellite, and cable services	6c.	\$100.00
8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$65.00 10. Personal care products and services 11. \$60.00 11. Medical and dental expenses 11. \$60.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  16 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 1 17c. Other. Specify: IRS Payment Plan 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other Payments of unkers who do not live with you. Specify:  20a. \$0.00 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning       9, \$85.00         10. Personal care products and services       10. \$55.00         11. Medical and dental expenses       11. \$60.00         12. Transportation, Include gas, maintenance, bus or train fare.       12. \$230.00         Do not include car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$200.00         15. Insurance.       15a       \$0.00         15b. Health insurance deducted from your pay or included in lines 4 or 20.       15c. Vehicle insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$0.00         15c. Vehicle insurance. Specify	7. Food and housekeeping su	pplies	7.	\$300.00
10. Personal care products and services   10. \$55.00     11. Medical and dental expenses   11. \$60.00     12. Transportation. Include gas, maintenance, bus or train fare.	8. Childcare and children's e	ducation costs	8.	\$0.00
11. Medical and dental expenses       11. \$60.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.       12. \$230.00         13. Entertaliment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$200.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Health insurance       15b. \$0.00       \$0.00         15c. Vehicle insurance. Specify:       15c. \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         17c. Installment or lease payments.       17c. Car payments for Vehicle 1       17c. Sp.00.00         17b. Ca	9. Clothing, laundry, and dry	cleaning	9.	\$65.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$230.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00     14.   Charitable contributions and religious donations   14.   \$200.00     15.   Insurance.	10. Personal care products a	nd services	10.	\$55.00
Do not include car payments   13.   13.   13.   13.   13.   13.   14.	11. Medical and dental exper	nses	11.	\$60.00
14. Charitable contributions and religious donations       14. \$200.00         15. Insurance.       30.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Health insurance       15b. \$0.00       15b. \$0.00         15c. Vehicle insurance       15c. \$0.00         15d. Other insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       16         17. Installment or lease payments:       17a. \$0.00         17b. Car payments for Vehicle 1       17a. \$0.00         17c. Other. Specify: Value City Funiture       17c. \$50.00         17c. Other. Specify: Value City Funiture       17c. \$50.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19. \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance       20c. \$0.00         20d. Maintenan	_		12.	\$230.00
15. Insurance.	13. Entertainment, clubs, rec	reation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$0.00 15c. Vehicle insurance   15c   \$0.00 15d. Other insurance. Specify:   15d   \$0.00 15d. Other insurance. Specify:   15d   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	14. Charitable contributions	and religious donations	14.	\$200.00
15b. Health insurance		ducted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  18S Payment Plan  17d. S119.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. S0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	15c. Vehicle insurance		15c	\$0.00
Specify:	15d. Other insurance. Speci	fy:	15d	\$0.00
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify: Value City Furniture  17c. S50.00  17d. Other. Specify: IRS Payment Plan  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	16. Taxes. Do not include taxes	s deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17a. \$0.00  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify: Value City Furniture  17d. \$50.00  17d. Other. Specify: IRS Payment Plan  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: Value City Furniture 17d. Other. Specify: IRS Payment Plan 17d. \$119.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 20d. Maintenance, repair, and upkeep expenses.	17. Installment or lease payn	nents:	10	
17c. Other. Specify: Value City Furniture  17d. Other. Specify: IRS Payment Plan  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	17a. Car payments for Vehic	cle 1	17a	\$0.00
17d. Other. Specify: IRS Payment Plan  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17b. Car payments for Vehic	cle 2	17b	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	17c. Other. Specify: Value	City Furniture	17c	\$50.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	17d. Other. Specify: IRS Pa	ayment Plan	17d	\$119.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00				\$0.00
Specify:		·	18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00		e to support others who do not live with you.	10	<b>#0.00</b>
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		ses not included in lines 4 or 5 of this form or on Schedule I: Your Income	19.	\$0.00
20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00			20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00		s, or renter's insurance		

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Debtor 1 Berna			Fox	Case number (if known)		
First N	ame	Middle Name	Last Name			
21.Other. Spec	sify:				21	\$0.00
	our monthly expense	es.				\$2,136.00
22a. Add lin	es 4 through 21.					\$0.00
22b. Copy li	ne 22 (monthly expen	ses for Debtor 2), if any,	from Official Form 106J-2	2		\$2,136.00
22c. Add lin	e 22a and 22b. The re	esult is your monthly exp	enses.		22.	
23. Calculate y	our monthly net inco	ome.				
23a. Copy li	ne 12 (your combined	monthly income) from S	Schedule I.		23a	\$2,142.51
23b. Copy y	our monthly expenses	s from line 22 above.			23b	\$2,136.00
		ses from your monthly in	ncome.			\$6.51
The re	sult is your monthly ne	et income.			23c	
24. Do vou exp	ect an increase or d	lecrease in your expens	ses within the year after	vou file this form?		
			-			
			oan within the year or do y nodification to the terms o			
	aymont to morodoo or	doorodoo boodadoo or a ri		r your mongago.		
✓ No						
Yes						
_	Explain here:					
	Explain nele.					

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Bernadine		Fox
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

## Official Form 106Dec

## Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below							
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?								
	✓ No							
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and						
	that they are true and correct.							
×	/s/ Bernadine Fox	×						
	Signature of Debtor 1	Signature of Debtor 2						
	Date 5/1/2018	Date						
	MM/DD/YYYY	MM/DD/YYYY						

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Fill in th	nis infori	mation to identify your c	ase:						
Debtor	1	Bernadine		1	Fox				
Dalata	0	First Name	Middle I	Name I	Last Name				
Debtor (Spouse,		First Name	Middle I	Name I	Last Name				
United	States B	ankruptcy Court for the:	Northern	Distric	t of Illinois				
Case n					(State)				
Offic	cial	Form 107							Check if this is a amended filing
		nt of Financia	l Affairs f	or Individ	uals Filing	g for Bar	nkrup	tcy	04/1
informa	ation. I	te and accurate as pos i more space is neede own). Answer every qu	d, attach a sepa						
Part 1:	Give	Details About Your	Marital Status	and Where Yo	u Lived Before				
1. V	What is	your current marital sta	tus?						
	Mar ✓ Not	ried married							
2. [	Ouring t	he last 3 years, have yo	u lived anywhere	e other than whe	re you live now?				
[	✓ No Yes	List all of the places yo	u lived in the last	t 3 years. Do not	include where yo	u live now.			
	Deb	tor 1:		Dates Debtor there	1 lived Debt	or 2:			Dates Debtor 2 lived there
						Same as Debtor	1		Same as Debtor 1
	Nun	nber Street		From	Num	oer Street			From
	City	State	Zip Code		City	Sta	ate	Zip Code	
						Same as Debtor	1		Same as Debtor 1
	Nun	nber Street		From	Num	per Street			From
	City	State	Zip Code		City	Sta	ate	Zip Code	
	<i>d territor</i> No	last 8 years, did you e ies include Arizona, Califo Make sure you fill out So	rnia, Idaho, Louis	siana, Nevada, New	v Mexico, Puerto F				nmunity property states

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ebtor 1 Bernadine First Name Middl	le Name Last N		number (if known)	
art 2: Explain the Sources of Your In	come			
Did you have any income from employm Fill in the total amount of income you recei activities. If you are filing a joint case and you not	nent or from operating a bived from all jobs and all bu	sinesses, including part-time	-	years?
_	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$12000.00	Wages, commissions, bonuses, tips Operating a business	
For last calendar year: (January 1 to December 31, 2017 ) YYYY	Wages, commissions, bonuses, tips Operating a business	\$39058.00	Wages, commissions, bonuses, tips Operating a business	
For the calendar year before that: (January 1 to December 31, 2016 )  YYYY	Wages, commissions, bonuses, tips Operating a business	\$38000.00	Wages, commissions, bonuses, tips Operating a business	
Include income regardless of whether that i public benefit payments; pensions; rental in filing a joint case and you have income that List each source and the gross income from No Yes. Fill in the details.	ncome; interest; dividends; r t you received together, list	money collected from lawsuits; it only once under Debtor 1.	; royalties; and gambling and	
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, 2017 )  YYYY				
For the calendar year before that: (January 1 to December 31, 2016)  YYYY				

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Debtor 1 Bernadine Fox Case number (if known) First Name Middle Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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or 1 Bernadine		Fox	Case number (if ki	nown)
First Name N	liddle Name	Last Name		
Within 1 year before you filed for bar Insiders include your relatives; any gene corporations of which you are an officer agent, including one for a business you such as child support and alimony.	eral partners; relatives of r, director, person in co	any general partners; partners, or owner of 20%	artnerships of which you or more of their voting se	are a general partner; curities; and any managing
Yes. List all payments to an insid	er.			
_	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State Zip	Code			
Insider's Name				
Number Street				
City State Zip	Code			
Within 1 year before you filed for ban insider? Include payments on debts guaranteed  No Yes. List all payments that benefit	or cosigned by an insid		Amount you still owe	Reason for this payment  Include creditor's name
Insider's Name		_		
Number Street				
City State Zip	Code			
Insider's Name				
Number Street				
City State Zip	Code			

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Debtor 1 Bernadine Case number (if known) First Name Middle Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	or 1	Bernadine		Fox	Case number (if known	)	
		First Name Middle Name		Last Name	<u> </u>		
11.		thin 90 days before you filed for bankruptc counts or refuse to make a payment becau			a bank or financial institution,	set off any amou	ints from your
	<b>✓</b>	No Yes. Fill in the details.					
				Describe the action	the creditor took	Date action was taken	Amount
		Creditor's Name					
		Number Street					
				Last 4 digits of accour	nt number: XXXX-		
		City State Zip Code					
12.		hin 1 year before you filed for bankruptcy, pointed receiver, a custodian, or another o			e possession of an assignee f	or the benefit of o	creditors, a court-
	<b>✓</b>	No					
<b>5</b>		Yes  List Certain Gifts and Contributions					
Part	J.	List Gertain Girts and Contributions					
13.	Wi	ithin 2 years before you filed for bankrupto	, did y	ou give any gifts with a	a total value of more than \$60	0 per person?	
	<b>✓</b>	No Yes. Fill in the details for each gift.					
		Gifts with a total value of more than \$600 per person	)	Describe the gifts		Dates you gave the gifts	Value
		Person to Whom You Gave the Gift					
		Number Street					
		City State Zip Code					
		Person's relationship to you					
		Person to Whom You Gave the Gift					
		Number Street					
		City State Zip Code Person's relationship to you					

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ebtor 1	Bernadine		Fox	Case number (if know	wn)	
	First Name	Middle Name	Last Name			
Wi	thin 2 years before you file	ed for bankruptcy, did	l you give any gifts or contribu	tions with a total value	of more than \$600	to any charity?
<b>V</b>	<b>N</b> o					
Ě	J	and gift or contributi	ion			
	Yes. Fill in the details for	each girt or contributi	On.			
	Gifts or contributions to		Describe what you contri	buted	Date you	Value
	that total more than \$6	00			contributed	
	Charity's Name		-			
	<b>,</b>					
			-			
	Number Street		-			
	City State	Zip Code	-			
	•	·				
t 6:	List Certain Losses					
	Yes. Fill in the details.  Describe the property y how the loss occurred	ou lost and	Describe any insurance of Include the amount that in		Date of your loss	Value of property
			pending insurance claims of A/B: Property.			
			772177eperty.			
t 7:	List Certain Payment	o or Transfore				
<b>✓</b>	No Yes. Fill in the details.					
			Description and value of transferred	any property	Date payment or transfer was made	Amount of payment
	Semrad Law Firm		Attorney's Fee - 0.00		5/1/2018	\$0.00
	Person Who Was Paid		-			
	11101 S. Western Avenue	Э	_			
	Number Street					
	Chiongo	60640	-			
	Chicago Illinois City State	5 60643 Zip Code	-			
	Ony Sidle	Zip Code				
	Email or website address		-			
	None		_			
	Person Who Made the Pa	yment, if Not You				
	Person Who Was Paid		-			
	<del> </del>		_			
	Number Street					
			_			
	City State	Zip Code	-			
			_			
	Email or website address					
	Person Who Made the Pa	one and if Nat Viv	-			

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Debto		Bernadine		Fox Ca	ase number <i>(if known)</i>		
		First Name	Middle Name	Last Name			
	help	nin 1 year before you filed byou deal with your credit not include any payment or t	ors or to make paym		alf pay or transfer	any property to a	nyone who promised to
		No Yes. Fill in the details.					
				Description and value of any prop transferred	perty	Date payment or transfer was made	Amount of payment
		Person Who Was Paid					
		Number Street					
		City State	Zip Code				
	<b>the</b> Incl	ordinary course of your bu ude both outright transfers a transfers that you have alrea No	isiness or financial af nd transfers made as s	ecurity (such as the granting of a securit			
	Ш	Yes. Fill in the details.		Description and value of property transferred		ceived or debts p	Date transfer was made
		Person Who Received Trans	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code				
		Person Who Received Trans	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code				
	ben	nin 10 years before you file eficiary? ese are often called asset-pro		I you transfer any property to a self-s	ettled trust or sim	ilar device of whi	ch you are a
	☑	No Yes. Fill in the details.					
	_			Description and value of the pro	perty transferred		Date transfer was made
		Name of trust					

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Debtor 1 Bernadine Case number (if known) First Name Middle Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code City State Zip Code

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Debtor 1 Bernadine Case number (if known) First Name Middle Name **Identify Property You Hold or Control for Someone Else** Part 9: 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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Deb	tor 1	Bernadine			Fox		Ca	se number (i	f known)		
		First Name	N	fiddle Name	Last Nam	ne					
26.	Hav		y in any judici	al or administr	ative proceeding	g under	any environme	ntal law? In	nclude settlements	and orders	s.
		No Yes. Fill in the det	ails.								
					Court or agency			Nature	of the case		Status of the case
		Case title			Court Name						Pending
		Case number			NumberStreet						On appeal
		_			City S	State	Zip Code				Concluded
Part	11:	Give Details Ab	oout Your Bu	usiness or Co	onnections to A	Any Bus	siness				
27.	Witl	hin 4 years before	you filed for b	ankruptcy, did	l you own a busir	ness or	have any of the	following o	connections to any	business?	
	A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)										
		A partner in a		,							
					e of a corporation		ocration				
		No. None of the a				71 a 001 p	or adorr				
		Yes. Check all that				each b	usiness.				
					Describe the nature of the business			ess	Employer Identification number Do not include Social Security number or ITIN.		
		Business Name			_				EIN:		
		Number Street			Name of a	e of accountant or bookkeep		per	Dates business e	existed	
		City	State	Zip Code	_				From	То	
					Describe t	Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN		
		Business Name			_				EIN:		
		Number Street			— Nama afa				Dates business e	existed	
		City	State	Zip Code	Name of a	ccounta	ant or bookkee	per	From	То	
					Describe t	he natu	re of the busin	ess	Employer Identif	ication nu	mber Do not
									include Social S	ecurity nur	mber or ITIN.
		Business Name			_						
		Number Street			Name of a	ccounta	ant or bookkee	per	Dates business e	xisted	
		City	State	Zip Code					From	То	

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Debte	or 1	Bernadine			Fox	Case number (if known)
		First Name		Middle Name	Last Name	
	cred	ditors, or oth		r bankruptcy, did yo	u give a financial statemer	nt to anyone about your business? Include all financial institutions,
					Date issued	
		Name			MM/DD/YYYY	
		Number S	`troot		-	
		Number 3	street			
		City	State	Zip Code	-	
				·		
Part	12:	Sign Belo	W			
tr	rue a	ind correct.	I understand that	making a false stat es up to \$250,000, o	ement, concealing proper	nts, and I declare under penalty of perjury that the answers are try, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
			Signature of Debto			Signature of Debtor 2
						Date
			Date 5/1/2018			
D	id yo	ou attach ac	lditional pages to	Your Statement of I	Financial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?
<u>[</u>	<b>Z</b> №	lo es				
_			_			
D	id yo	ou pay or ag	ree to pay someo	ne who is not an att	orney to help you fill out b	ankruptcy forms?
Ī.	N	lo				
Ī	Y	es. Name of	person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:							
Debtor 1	Bernadine	Fox					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)				
Case number (If known)			(0.11.10)				

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.							
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?					
	Creditor's name: CAPITAL ONE AUTO FINAN  Description of property securing debt: 2015 Chevrolet Cruz	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	✓ No. Yes.					
	Creditor's name: SYNCB/VALUE CITY FURNI  Description of property securing debt: CreditCard (Chair)	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. ✓ Yes.					
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.					
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.					

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Debtor	Bernadine		Fox	Case number (if				
1	First Name	Middle Name	Last Name	known)				
Part 2:	List Your Unexpired Pers	sonal Property Leases	s					
informa	or any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the formation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may ssume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).							
Des	scribe your unexpired person	al property leases		Will the lease be assumed?				
Les	sor's name:			No Yes				
	cription of leased perty:							
Les	sor's name:			□ No □ Yes				
	cription of leased perty:			_				
Les	sor's name:			No Yes				
	cription of leased perty:			_				
Les	sor's name:			No Yes				
	cription of leased perty:							
Les	sor's name:			No Yes				
	cription of leased perty:							
Les	sor's name:			No Yes				
	cription of leased perty:							
Les	sor's name:			□ No □ Yes				
	cription of leased perty:							
Part 3:	Sign Below							
Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.								
*	/s/ Bernadine Fox		×					
Si	gnature of Debtor 1		_	ignature of Debtor 2				
D	ate 5/1/2018 MM/DD/YYYY		Di	ate				
	IVIIVI/UU/YYYY			MM/DD/YYYY				

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

		Northern Distric	ct of illinois					
n re	Bernadine Fox		Case No.					
	Debtor			(If known)				
			Chapter	Chapter 7				
	DISCLOSURE OF	COMPENSATIO	N OF ATTORNEY F	OR DEBTOR				
com	pensation paid to me within o	ne year before the filing of the p	fy that I am the attorney for the abo oetition in bankruptcy, or agreed to ation of or in connection w ith the	be paid to me, for services				
For I	For legal services, I have agreed to accept							
Prio	r to the filing of this statement	I have received		\$0.00				
Bala	nce Due			\$1,765.00				
2. The	source of the compensation p	aid to me was:						
	<b>✓</b> Debtor	Other (specify)						
3. The	source of the compensation p	aid to me is:						
	<b>✓</b> Debtor	Other (specify)						
	I have not agreed to share the members and associates of m		n with any other person unless the	y are				
		aw firm. A copy of the agreeme	th a other person or persons who a ent, together with a list of the name					
5. In re	turn for the above-disclosed f	ee, I have agreed to render lega	I service for all aspects of the bank	ruptcy case, including:				
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition bankruptcy;</li> </ul>							
	b. Preparation and filing of ar	petition, schedules, statements of affairs and plan which may be required;						
	c. Representation of the debt	or at the meeting of creditors a	nd confirmation hearing, and any a	adjourned hearings thereof;				
6. By a	greement with the debtor(s), th	ne above-disclosed fee does no	ot include the following services:					
		CERTIFICA	ATION					
	fy that the foregoing is a comp in this bankruptcy proceeding		nt or arrangement for payment to n	ne for representation of the				
	5/1/2018		/s/ Alexander Preber					
	Date Signature of Attorney							
			Semrad Law Firm					
			Name of law firm					

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1.717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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## **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Fox, Bernadine	Casa No	Case No.				
	Debtor(s)						
		Chapter	Chapter7				
	VERIF	ICATION OF CREDITOR MAT	RIX				
Th knowledge		rify that the attached list of creditors is tru	ue and correct to the best of their				
Date:	5/1/2018	/s/ Fox, Bernadine	е				
		Fox, Bernadine Signature of Debt	tor				

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN, NE, 68508

CAPITAL ONE AUTO FINAN 3901 DALLAS PKWY PLANO, TX, 75093

COMENITYBANK/BRYLANEHO PO BOX 182789 COLUMBUS, OH, 43218

COMENITY BANK/LNBRYANT 4590 E Broad St Columbus, OH, 43213

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

CBNA Po Box 6497 Sioux Falls, SD, 57117

COMENITY BANK/AVENUE 8035 QUIVIRA RD LENEXA, KS, 66215

COMENITY BANK/WOMNWTHN 4590 E BROAD ST COLUMBUS, OH, 43213

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

MERRICK BANK CORP One Paces West Suite 1400 Atlanta, GA, 30339

SYNCB/CARE CREDIT C/O P.O. BOX 965036 ORLANDO, FL, 32896 SYNCB/VALUE CITY FURNI 950 FORRER BLVD KETTERING, OH, 45420

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

COMENITY BANK/ASHSTWRT PO BOX 182789 COLUMBUS, OH, 43218

MCYDSNB 3911 S Walton Walker Blvd Dallas, TX, 75265

SYNCB/WALMART Po Box 530927 Atlanta, GA, 30353

TARGET/TD PO BOX 673 MINNEAPOLIS, MN, 55440

SYNCB/JCP PO BOX 965007 Orlando, FL, 32896

COMENITYBANK/JESSLONDN PO BOX 182746 COLUMBUS, OH, 43218

COMENITY BANK/KINGSIZE PO BOX 182789 COLUMBUS, OH, 43218

AFFIRM INC 2828 N Clark St # 426 Chicago, IL, 60657

IRS Irs Mail Stop 4100 P-3 Kansas City, MO, 64999 Paypal PO Box 45950 Omaha , NE, 68145

BestBuy/CBNA PO BOX 6497 SIOUX FALLS, SD, 57117

## CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1756.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00 Motion to Reopen \$350.00 + court costs

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either.

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information

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necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 05/01/2018

5/1/2018

Client Demadene Tox

Client \_\_\_\_\_

Attorney

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Debtor 1	Bernadine		Fox		Case number	(if known)			100
	First Name	Middle Name	Last Name						
					olumn A ebtor 1		Column B Debtor 2 or non-filing spou	se	
8. <b>Une</b> m	ployment compensa	ation		\$6	0.00				
Do no	ot enter the amount if	you contend that the amounts. Instead, list it here:	Int received was a bene	fit					
For yo	Annual to the property of the second	instead, list it fiele.	\$0.00						
	our spouse		\$0.00						
************				8					
benef	it under the Social Sec			asa <u>\$</u>	0.00				
amou paym intern	nt. Do not include any ents received as a vict	purces not listed above. Sy benefits received under the im of a war crime, a crime a proism. If necessary, list other.	e Social Security Act or against humanity, or						
				-		*	1		
Total	amounts from separa	te pages, if any.		+ <u>-</u>	\$0.00		+		
11. Cal	culate vour total cui	rrent monthly income. Ad	d lines 2 through 10 fo	r .		+		=	
each		tal for Column A to the tota		.   \$	3,032.84				\$3,032.84
COR	inn. Then add the to	tal for Column A to the total	a for Column B.			J [			Total current
									monthly income
Part 2:	Determine Wheth	ner the Means Test Ap	pplies to You				-		
12. Calc	ulate your current m	nonthly income for the ye	ar. Follow these steps:				1,000		
12a. (	Copy your total curren	t monthly income from line	11.			Copy line	11 here →		\$3,032.84
	Multiply by 12 (the nu	mber of months in a year).						_	X 12
12b.	The result is your ann	ual income for this part of t	he form.					12b.	\$36,394.08
									\$30,394.06
13 Calcu	late the median fan	nily income that applies t	o you. Follow these ste	eps:					
			Illinois	Control of the Contro		35.08	1.169-3185		
FIII III	the state in which you	i live.	1	West and the second					
Fill in	the number of people	in your household.		AND MADE OF THE PARTY OF THE PA					
Fill in house		ome for your state and size	of					13.	\$52,410.00
To fin	d a list of applicable n	nedian income amounts, g his list may also be availabl	o online using the link s	specified in the s	eparate			-	
	do the lines compar		e at the bankruptcy cier	K'S OTTICE.					
	TOTAL MORE A POST OF THE PARTY OF THE PARTY.								
14a.	Go to Part 3.	nan or equal to line 13. On	the top of page 1, chec	ck box 1, There i	s no presumpt	on of ab	use.		
14b.	Line 12b is more Go to Part 3 and	than line 13. On the top of fill out Form 122A-2.	page 1, check box 2,	The presumptior	n of abuse is de	etermined	by Form 122A-	2.	
Part 3:	Sign Below								
By s	igning here, I declare	under penalty of perjury tha	at the information on th	is statement and	I in any attachn	nents is t	rue and correct.		
	,	. 0	- 4						
×	/s/ Bernadine Fox	Bernadine	to.	×					
_	Signature of Debtor 1	3-10			of Debtor 2				
	Date 5/1/2018			Dota Eld	/2019				
·	MM/DD/YYYY			Date <u>5/1</u>	M/DD/YYYY				
		do NOT fill out or file Form fill out Form 122A-2 and							

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## UNITED STATES BANKRUPTCY COURT Northern District of Illinois

In re:	Fox, Bernadine	Case No.						
-	Debtor(s)	Case NO.						
		Chapter. Chapter7						
	VERIFICATION OF CREDITOR MATRIX							
The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.								
Date:	5/1/2018	/s/ Fox, Bernadine Bernar Type Fox, Bernadine Signature of Debtor						

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btor B	Bernadine		Fox	Case number (if
Fi	irst Name	Middle Name	Last Name	known)
2: Li	ist Your Unexpi	ired Personal Property Leases		
rmatio	on below. Do not I	I property lease that you listed in So list real estate leases. Unexpired le onal property lease if the trustee do	ases are leases tha	ry Contracts and Unexpired Leases (Official Form 106G), fill in the t are still in effect; the lease period has not yet ended. You may 1 U.S.C. § 365(p)(2).
Descri	ibe your unexpire	ed personal property leases		Will the lease be assumed?
Lessor	r's name:			□ No □ Yes
Descrip	ption of leased rty:			
Lessor	r's name:			□ No □ Yes
Descrip	ption of leased rty:			
Lessor	r's name:			□ No □ Yes
Descrip proper	ption of leased rty:			_
Lessor	r's name:			□ No □ Yes
Descrip proper	ption of leased rty:			
Lessor	r's name:			□ No □ Yes
Descrip proper	ption of leased rty:			
Lessor	r's name:			□ No □ Yes
Descrip proper	ption of leased rty:			
Lessor	r's name:			□ No □ Yes
Descrip proper	ption of leased rty:			<b></b>
SEA A	ign Below			
		r, I declare that I have indicated my to an unexpired lease.	intention about an	y property of my estate that secures a debt and any personal
_	Bernadine Fox nature of Debtor 1	Bernadine Fox	<u> </u>	ignature of Debtor 2
Date	5/1/2018 MM/DD/YYYY		Γ	Date MM/DD/YYY

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Debtor	1 Bernadine		Fox	Case number (if known)
	First Name	Middle Name	Last Name	
	editors, or other parti		ou give a financial state	nent to anyone about your business? Include all financial institutions,
È	Yes. Fill in the detail	s below.		
			Date issued	
	Name		MM/DD/YYYY	_
	Number Street		_	
	-		_	
	City	State Zip Code		
Part 12	Sign Below			
a ba	<b>★</b> /s/ Be	<i>\</i> 0	or imprisonment for up	to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2
	Date 5/	1/2018		Date
Did	you attach additional	pages to Your Statement of	f Financial Affairs for Ind	ividuals Filing for Bankruptcy (Official Form 107)?
	No Yes			
D:-I				
Dia	you pay or agree to p	ay someone who is not an a	ttorney to help you fill ou	it bankruptcy forms?
$\checkmark$	No		n _ na _ n	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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		DC	Cument Page	710172	
Fill in this inform	mation to identify your o	case:			
Debtor 1	Bernadine		Fox		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	Northern	District of Illinois		
	amaptoy court for the	TTO THE STATE OF T	(State)		
Case number (If known)					
Official	Form 106De	ec			Check if this is a amended filing
Declarati	ion About an	Individual Debt	or's Schedule	S	12/1
If two married	people are filing togeth	ner, both are equally respon	nsible for supplying corre	ect information.	
money or prope				Making a false statement, cond o \$250,000, or imprisonment f	
Part 1: Sign	Below				
Did you pa	ay or agree to pay som	eone who is NOT an attorn	ey to help you fill out ba	nkruptcy forms?	
✓ No					
Yes.	Name of person		Attach Bankruptcy Signature (Official	Petition Preparer's Notice, Declar Form 119).	ration, and
that they	are true and correct.	. ~ ~		d with this declaration and	
X /s/ Berna	adine Fox 👢 🔍	nowleng tox	<b>SC</b>		

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 5/1/2018

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Debtor 1 Bernadine Fox Case number (if known) Middle Name Last Name **Answer These Questions for Reporting Purposes** Part 6: 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **1**-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 do you estimate that 5,001-10,000 50,001-100,000 you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million estimate your assets \$1,000,000,001-\$10 billion to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million estimate your \$1,000,000,001-\$10 billion liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion 7 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Bernadine Fox Signature of Debtor 1 Signature of Debtor 2 Executed on \_\_ 5/1/2018 Executed on \_ MM / DD / YYYY